

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584081

FILING DATE

21 MAR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
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45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	35	←	35	←		←
TOTAL CLAIMS	37		37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52			/			
53				/		
54				/		
55				/		
56				/		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						